

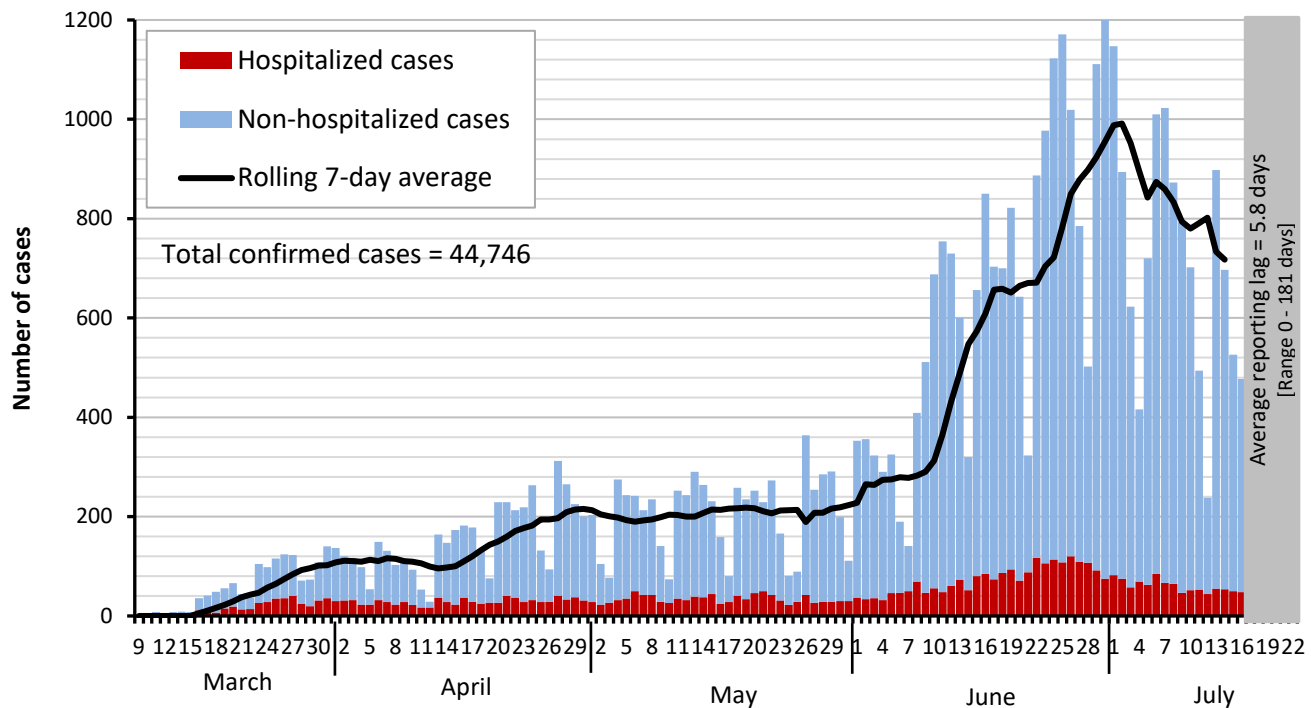


# Dallas County Health and Human Services 2019 Novel Coronavirus (COVID-19) Summary

July 24, 2020

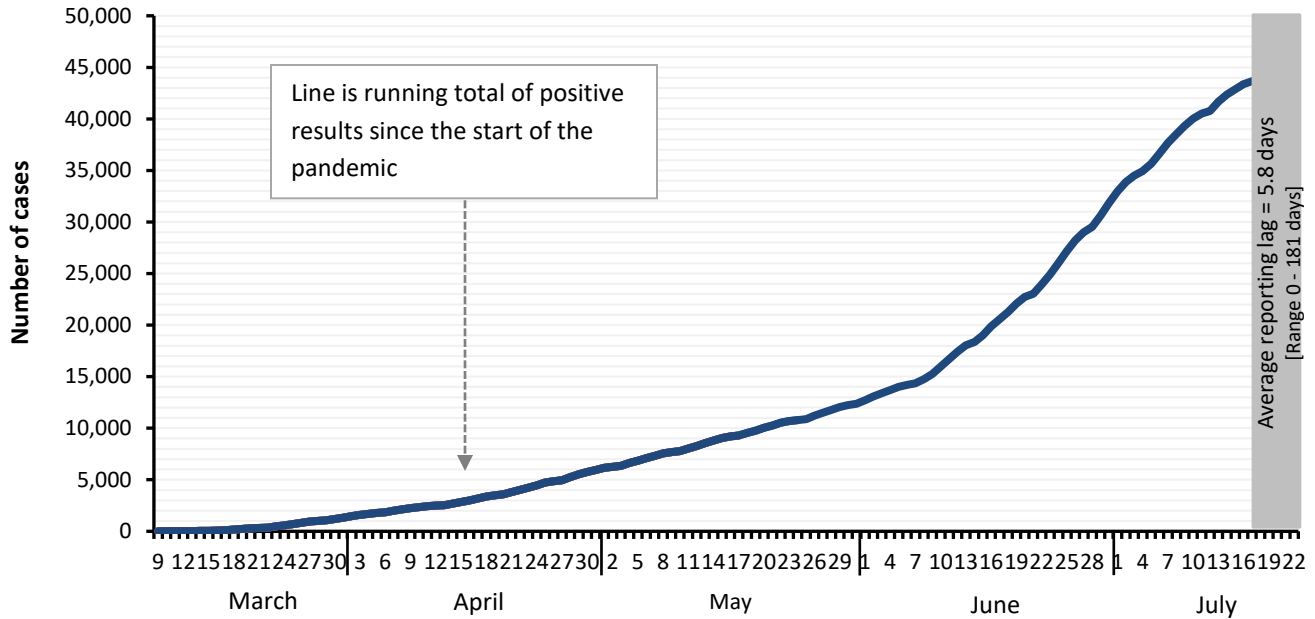
- As of July 24, 2020, DCHHS is reporting 659 additional confirmed cases of 2019 novel coronavirus (COVID-19), bringing the total number of confirmed cases in Dallas County to 44,746, including 586 deaths.
- Over 1,450 children under 18 years of age have been diagnosed with confirmed COVID-19 during the first three weeks of July, including 29 children who have been hospitalized for COVID-19.
- There have been 98 confirmed COVID-19 cases in children and staff reported from 65 separate daycares in Dallas County since June 1<sup>st</sup>, including 3 staff members requiring hospitalization.
- The percentage of respiratory specimens testing positive for SARS-CoV-2 remains high with 21.7% among symptomatic patients presenting to area hospitals in week 29.
- Of the 5,622 cases requiring hospitalization to date, almost three-quarters (73%) have been under 65 years of age, and over half reported having a chronic health condition. Diabetes has been an underlying high-risk health condition reported in about a third of all hospitalized patients with COVID-19.
- Of cases requiring hospitalization who reported employment, over 80% have been critical infrastructure workers, with a broad range of affected occupational sectors, including: healthcare, transportation, food and agriculture, public works, finance, communications, clergy, first responders and other essential functions.
- Twenty-nine percent (29%) of deaths have been associated with long-term care facilities.

Figure 1. Confirmed COVID-19 positive cases by date of test collection, Dallas County: March 10 – July 24, 2020 <sup>1-4</sup>



1. Data received as of 8:00 pm yesterday, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.
2. Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results. The average reporting lag is 5.8 days, with a range from 0 – 181 days.
3. This summary graph includes only confirmed cases based on molecular amplification detection test results.
4. Bars are the number of positive molecular amplification detection tests which were collected that day.
5. Rolling 7-day average is the average number of new confirmed COVID-19 cases collected 7 days prior to value.

**Figure 2. Cumulative confirmed COVID-19 cases by date of test collection, Dallas County: March 10 – July 24, 2020<sup>1-2</sup>**



1. Data received as of 8:00 pm yesterday, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.
2. Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results. The average reporting lag is 5.8 days, with a range from 0 – 181 days.

**Table 1. Source of laboratory testing for confirmed cases of COVID-19, Dallas County**

Source of Laboratory Testing for Reported Positive Molecular Amplification Detection Tests	# Tests (N=44,746)	% of Total Cases
Commercial or Hospital Laboratory*	42,989	96%
Dallas LRN Laboratory	1,491	3%
Other Public Health Laboratory	266	1%

\* Includes: AIT, ARUP, CPL, Excelsior, LabCorp, Magnolia, Medfusion, Prism, Quest, Viracor, and multiple hospital laboratories

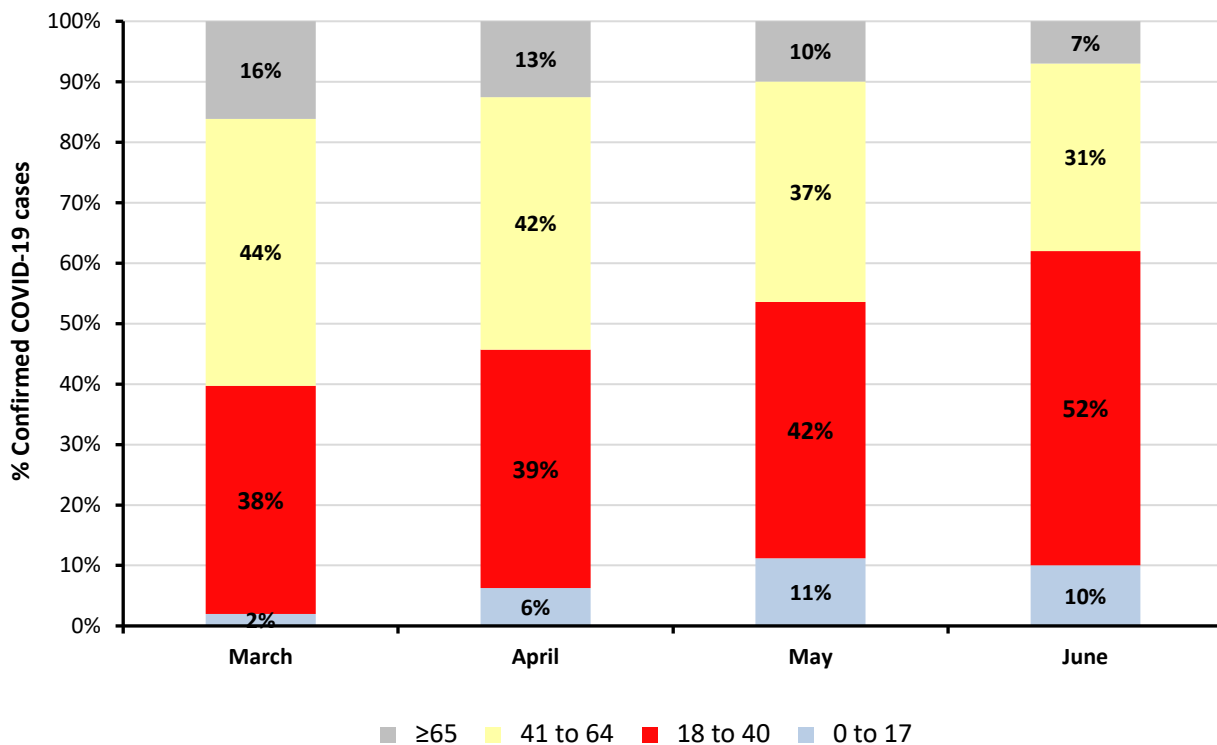
**Table 2. Characteristics of cumulative confirmed COVID-19 cases, Dallas County: March 9 – July 24, 2020**

	Number	% of Total Cases*
Total Cases in Dallas County residents	N = 44,746	100%
Age Group (years)	0 to 17	10%
	18 to 40	46%
	41 to 64	35%
	≥65	9%
Sex	Female	50%
	Male	50%
Not Hospitalized (Includes: Outpatient, urgent care, drive-through, ED)	39,124	87%
Ever Hospitalized	5,622	13%

\* Percentages calculated among cases with known age/sex

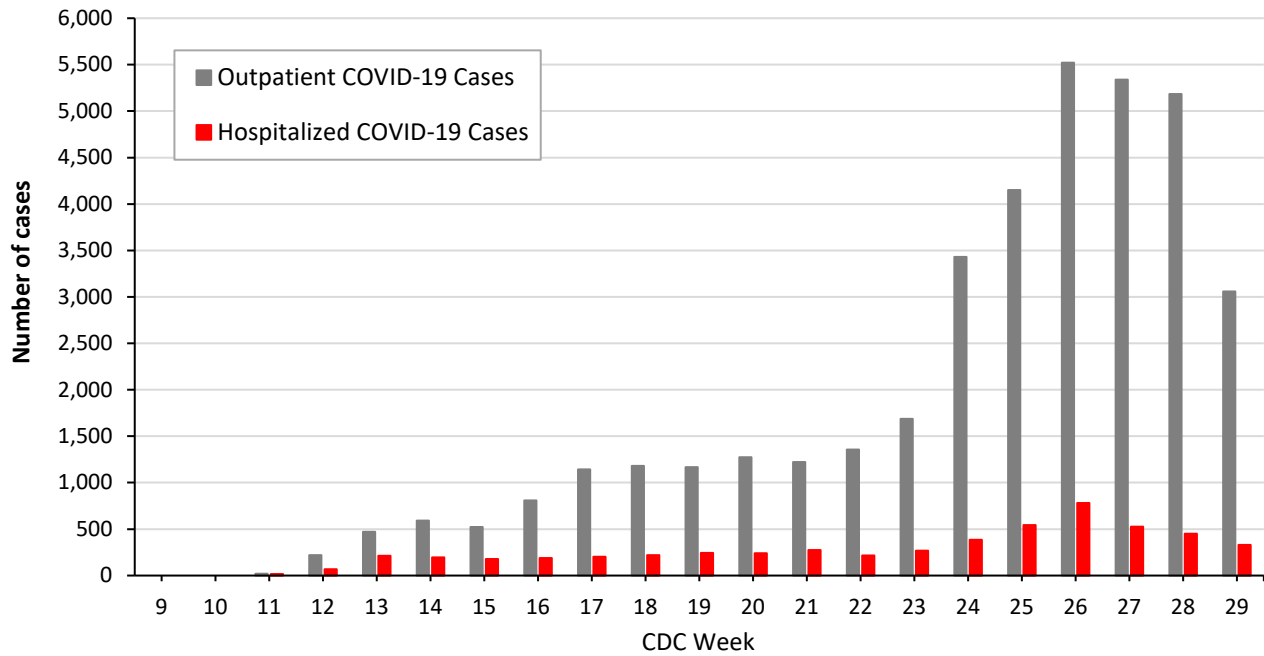
**Figure 3. Number of confirmed COVID-19 cases by age group and month of collection, Dallas County**

Age Group (in years)	0 to 17		18 to 40		41 to 64		≥65	
Month of Diagnosis	N	%	N	%	N	%	N	%
March	26	2%	493	38%	576	44%	211	16%
April	285	6%	1,791	39%	1,897	42%	570	13%
May	682	11%	2,590	42%	2,230	37%	607	10%
June	1,534	10%	7,945	52%	4,702	31%	1,174	7%
July (through 7/24)	1,453	12%	5,418	44%	4,397	35%	1,176	10%



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2. Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results. The average reporting lag is 5.8 days, with a range from 0 – 181 days.

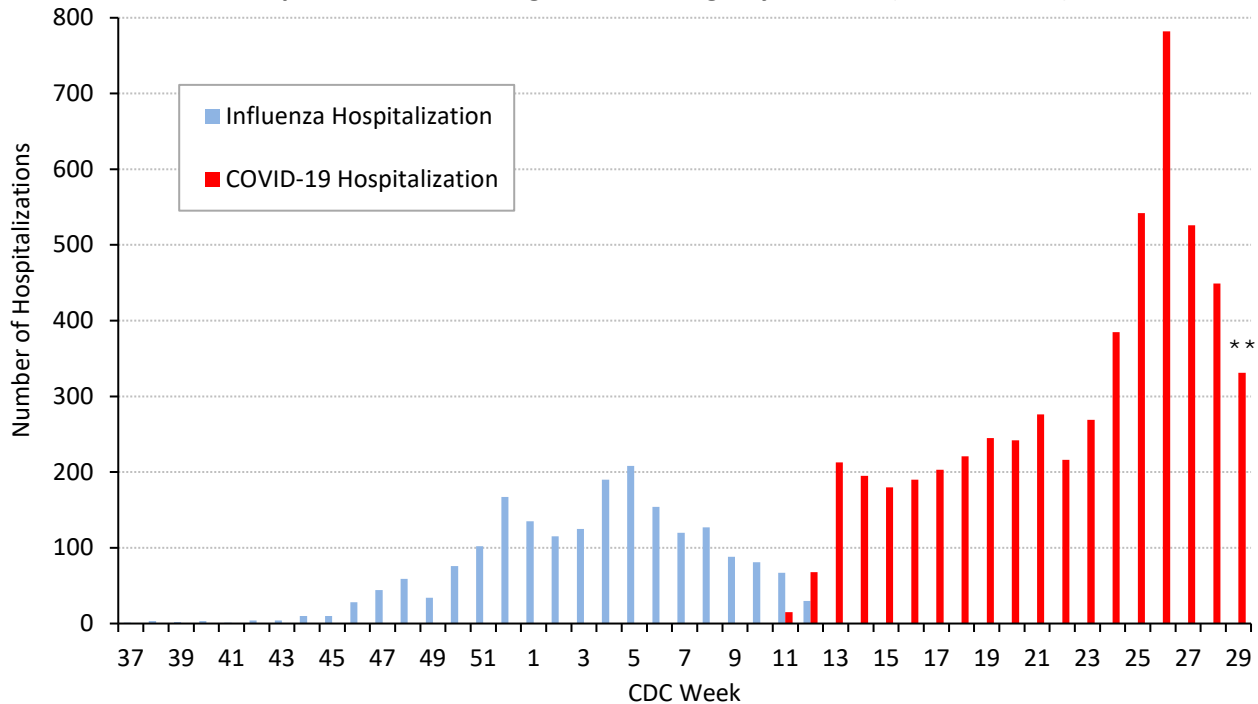
**Figure 4. Non-hospitalized and hospitalized confirmed COVID-19 cases by week of test collection, Dallas County: September 2019 through week ending July 18, 2020 (CDC Week 29)\***



\* Non-hospitalized includes all patients not admitted to acute-care hospitals (e.g. outpatient, urgent care, drive-through, ED-only, LTCF) and diagnosed with confirmed COVID-19. All data are preliminary and subject to change as cases continue to be received and investigated.

\*\* Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of molecular amplification detection test results.

**Figure 5. Influenza and confirmed COVID-19 hospitalizations by week of admission, Dallas County: September 2019 through week ending July 18, 2020 (CDC Week 29)\***



\* Hospitalized Dallas County residents diagnosed with confirmed COVID-19 by molecular amplification detection testing. All data are preliminary and subject to change as cases continue to be received and investigated.

\*\* Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results.

**Table 3. Characteristics of cumulative hospitalized confirmed COVID-19 cases, Dallas County: March 10 – July 24, 2020**

		Hospitalized Cases	%
<i>Ever Hospitalized</i>		N = 5,622	13% of Total Cases
Admitted to Intensive Care Unit		1,164	21%
Mechanical Ventilation		639	11%
Sex	Male	2,901	52%
	Female	2,721	48%
Age Group (years)	0-17	122	2%
	18-40	1,410	25%
	41-64	2,580	46%
	≥65	1,510	27%
Presence of ≥1 high risk condition		3,125	56%
Diabetes		1,675	30%
Lung Disease (e.g. COPD, asthma)		572	10%
Heart Disease (e.g. CHF)		697	12%
Kidney Disease (e.g. ESRD, dialysis)		546	10%
Cancer, Immune-compromise		387	7%
Obesity		855	15%
Race/ Ethnicity	White	790	14%*
	Hispanic	3,121	56%*
	Black	1,092	19%*
	Other	200	4%*
	Non-reported/ Unknown	419	7%

\* Percentages can also be calculated to exclude cases for which race/ethnicity was not reported

**Table 4. Characteristics of cumulative confirmed COVID-19 deaths, Dallas County: March 10 – July 24, 2020**

<i>Death classified as confirmed if decedent was a Dallas County resident with a positive molecular test. Data are obtained from ME office, hospitals, and vital statistics.</i>		Confirmed Deaths	% <sup>1</sup>
		N = 585	1.3% of Total Cases
Sex	Male	380	65%
	Female	205	35%
Age Group (years)	17-40	30	5%
	41-64	169	29%
	≥65	386	66%
Resident of a Long-Term Care Facility		169	29%
Presence of ≥1 high risk condition		412	75%
Diabetes		262	47%
Race/ Ethnicity	White	158	<b>27%</b> (29% of population) <sup>2</sup>
	Hispanic	258	<b>44%</b> (41% of population) <sup>2</sup>
	Black	140	<b>24%</b> (24% of population) <sup>2</sup>
	Asian	21	<b>4%</b> (7% of population) <sup>2</sup>

<sup>1</sup> Percentages calculated among those with known underlying health conditions or race/ethnicity as reported by medical provider

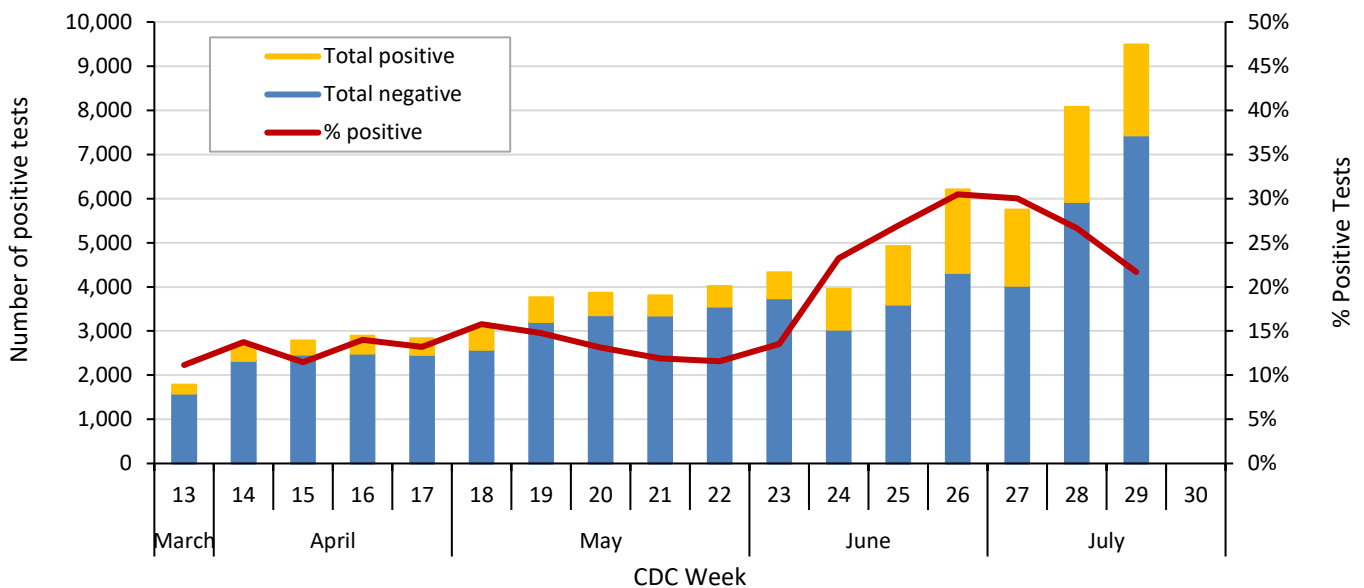
<sup>2</sup> 2019 U.S. Census population estimates for Dallas County

**Table 5. Respiratory virus testing by North Texas hospitals participating in public health surveillance programs: May 10 – July 18, 2020 (CDC Weeks 20-29)<sup>1-2</sup>**

Week Ending		5/16	5/23	5/30	6/6	6/13	6/20	6/27	7/4	7/11	7/18
SARS-CoV-2 Novel Coronavirus	Positive	507	453	465	585	919	1,327	1,892	1,727	2,152	2,058
	Total Tests	3,865	3,807	4,017	4,328	3,953	4,925	6,207	5,753	8,077	9,488
	% Positive	<b>13.1%</b>	<b>11.9%</b>	<b>11.6%</b>	<b>13.5%</b>	<b>23.2%</b>	<b>26.9%</b>	<b>29.3%</b>	<b>30.5%</b>	<b>26.8%</b>	<b>21.7%</b>
Influenza	Positive	0	0	0	0	0	0	0	0	0	0
	Total Tests	315	277	233	235	206	121	238	225	174	111
	% Positive	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
Seasonal (non-SARS-2) Coronavirus	Positive	0	0	1	0	0	0	0	0	1	0
	Total Tests	135	113	76	97	94	20	26	126	44	28
	% Positive	<b>0%</b>	<b>0%</b>	<b>1.3%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>2.3%</b>	<b>0%</b>
Adenovirus (respiratory)	Positive	5	3	1	2	3	0	1	0	2	1
	Total Tests	252	255	198	217	183	100	194	200	145	101
	% Positive	<b>2.0%</b>	<b>1.2%</b>	<b>0.5%</b>	<b>0.9%</b>	<b>1.6%</b>	<b>0%</b>	<b>0.5%</b>	<b>0%</b>	<b>1.4%</b>	<b>1.0%</b>
Metapneumo- virus	Positive	0	0	0	0	0	0	0	0	0	0
	Total Tests	252	255	198	217	183	100	194	200	145	101
	% Positive	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
Rhinovirus/ Enterovirus	Positive	3	5	5	6	6	2	4	12	5	8
	Total Tests	252	255	198	217	184	100	194	200	145	101
	% Positive	<b>1.2%</b>	<b>2.0%</b>	<b>2.5%</b>	<b>2.8%</b>	<b>3.3%</b>	<b>2.0%</b>	<b>2.1%</b>	<b>6.0%</b>	<b>3.4%</b>	<b>7.9%</b>
RSV	Positive	0	0	0	0	0	0	0	0	0	0
	Total Tests	258	262	200	218	187	104	197	200	145	103
	% Positive	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

Data sources: National Respiratory and Enteric Virus Surveillance System and an additional subset of hospitals voluntarily reporting surveillance PCR data directly to DCHHS. Testing denominators include out-of-county patients and testing performed only through hospitals in Dallas County. (Does not include FEMA drive-thru clinics). Data are incomplete for the most recent dates.

**Figure 6. SARS-CoV-2 positive PCR tests reported to DCHHS by hospital laboratories: March 22 – July 18, 2020 (CDC Weeks 13-29)<sup>1-2</sup>**



1. Data received as of 8:00 pm yesterday. All data are preliminary and subject to change as cases continue to be received and investigated.  
 2. Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result.

**Table 6. Transmission risk factors for cumulative confirmed COVID-19 cases, Dallas County**

<i>Exposure Risk Factor</i>	<b>Cases (N= 44,746)</b>	<b>% of Total Cases</b>
International Travel	80	0.2%
Domestic Travel (Out-of-state)	198	0.4%
Cruise Ship Travel	13	0.0%
Long-Term Care Facility (Resident) <sup>1</sup>	1,047	2.3%
County Jail (Inmate)	612	1.4%
State Jail (Inmate-- <a href="#">TDCJ COVID-19 Medical Action Center</a> ) <sup>2</sup>	87	0.2%
Federal Prison (Inmate) <sup>3</sup>	1,269	2.8%
Homeless Shelter	64	0.1%
Meat/Food Processing Facilities	481	1.1%
Close contact or Presumed Community Transmission <sup>4</sup>	40,895	91.4%

<sup>1</sup> Does not include over 565 COVID-19 cases reported in LTCF staff members employed by the > 112 affected LTCFs.

<sup>2</sup> Texas Department of Criminal Justice cases are under the jurisdiction of the Texas Department of State Health Services for investigation

<sup>3</sup> Federal prison cases are under the jurisdiction of the federal government for investigation, but are now included in total County cases

<sup>4</sup> Includes: household transmission and cases with no other exposure risk factors identified

**Table 7. Summary of weekly COVID-19 hospitalizations and deaths from Dallas County hospitals, Vital Statistics and Medical Examiner’s office**<sup>1-4</sup>

<b>Week Ending</b>	<b>05/16</b>	<b>05/23</b>	<b>05/30</b>		<b>06/06</b>	<b>06/13</b>	<b>06/20</b>	<b>06/27</b>	<b>07/04</b>	<b>07/11</b>	<b>07/18</b>	<b>9/08/19– Present</b>
<b>CDC Week</b>	<b>20</b>	<b>21</b>	<b>22</b>		<b>23</b>	<b>24</b>	<b>25</b>	<b>26*</b>	<b>27*</b>	<b>28*</b>	<b>29*</b>	
COVID-19 hospitalizations <sup>1</sup>	<b>242</b>	<b>276</b>	<b>216</b>		<b>269</b>	<b>385</b>	<b>542</b>	<b>782*</b>	<b>526*</b>	<b>449*</b>	<b>331*</b>	<b>5,622</b>
COVID-19 ICU admissions <sup>1</sup>	<b>57</b>	<b>64</b>	<b>47</b>		<b>58</b>	<b>67</b>	<b>87</b>	<b>90*</b>	<b>91*</b>	<b>89*</b>	<b>59*</b>	<b>1,164</b>
Probable COVID-19-associated deaths <sup>2</sup>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Confirmed COVID-19-associated deaths <sup>3</sup>	<b>48</b>	<b>28</b>	<b>30</b>		<b>28</b>	<b>25</b>	<b>35</b>	<b>49*</b>	<b>50*</b>	<b>46*</b>	<b>55*</b>	<b>585</b>

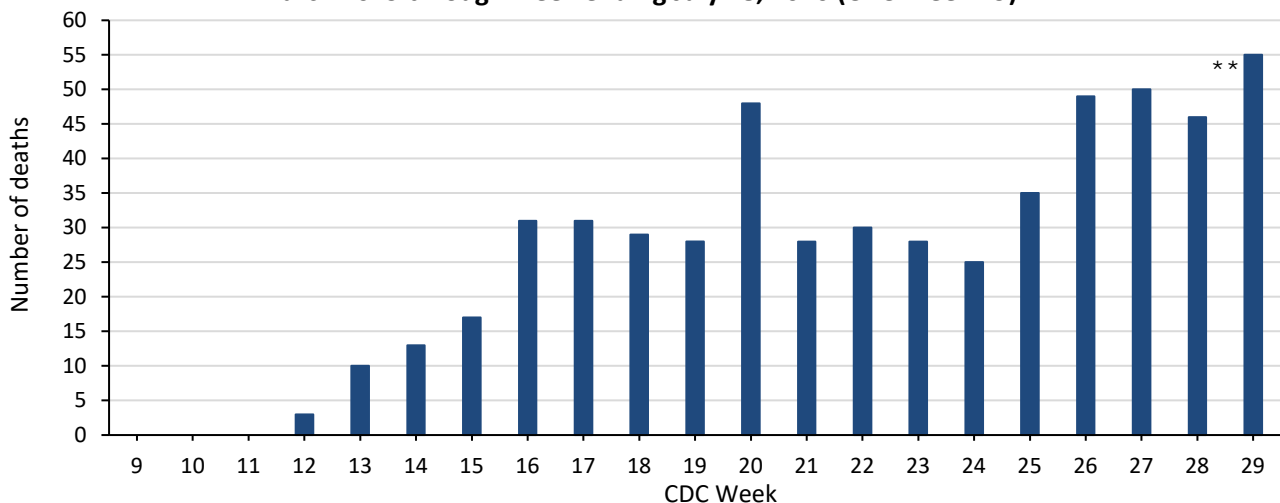
\* All data are preliminary and subject to change as cases continue to be received and investigated.

<sup>1</sup> Reflects all COVID-19-associated hospitalizations and intensive care unit admissions reported from area hospitals within Dallas County by week of admission. Hospitalizations are inclusive of ICU admissions. Data are preliminary and include reports received as of 8:00 pm yesterday.

<sup>2</sup> Probable COVID-19 deaths as defined by CSTE interim case classification criteria--meeting vital records criteria without molecular lab test confirmation.

<sup>3</sup> Confirmed COVID-19 deaths as defined by a positive molecular amplification detection test *and* any of the following: (1) death certificate denotation, (2) medical record documentation of compatible symptoms and clear progression from illness to death, or (3) determination by the County Medical Examiner’s office (ME) of no alternate cause of death. Does not include possible COVID-19 -associated deaths with pending determination of cause of death.

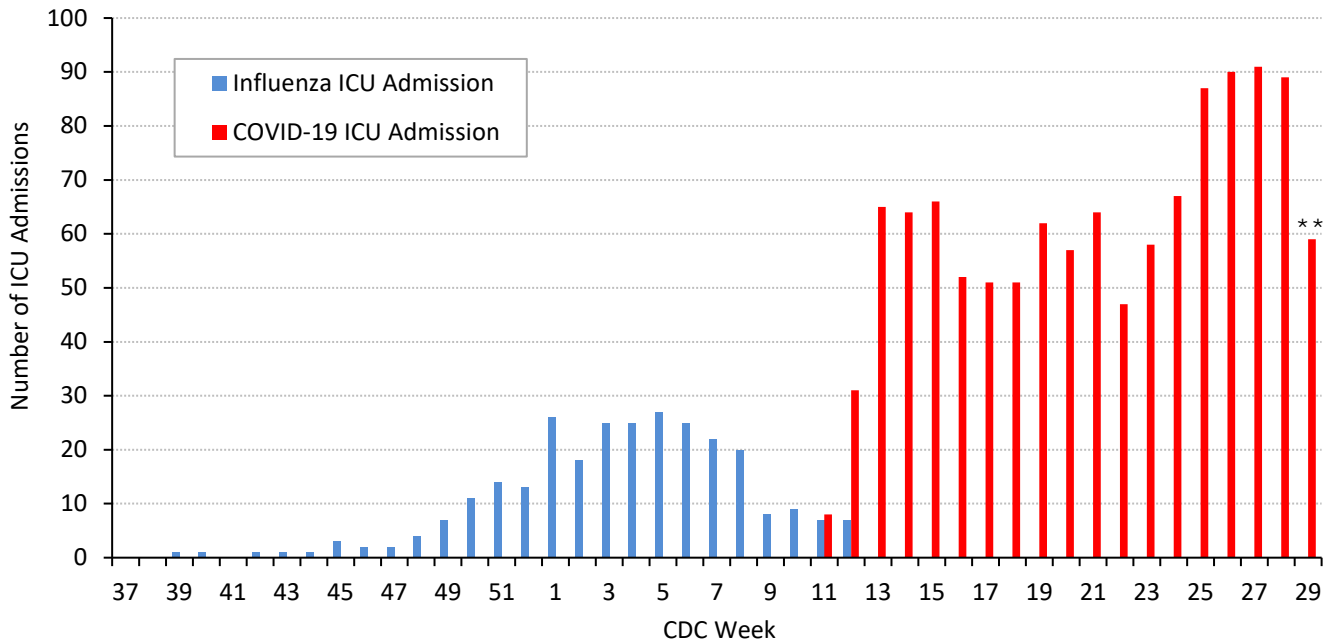
**Figure 7. Confirmed COVID-19-associated deaths by week of death, Dallas County: March 2019 through week ending July 18, 2020 (CDC Week 29)\***



\* Dallas County residents diagnosed with confirmed COVID-19 by molecular amplification detection testing.

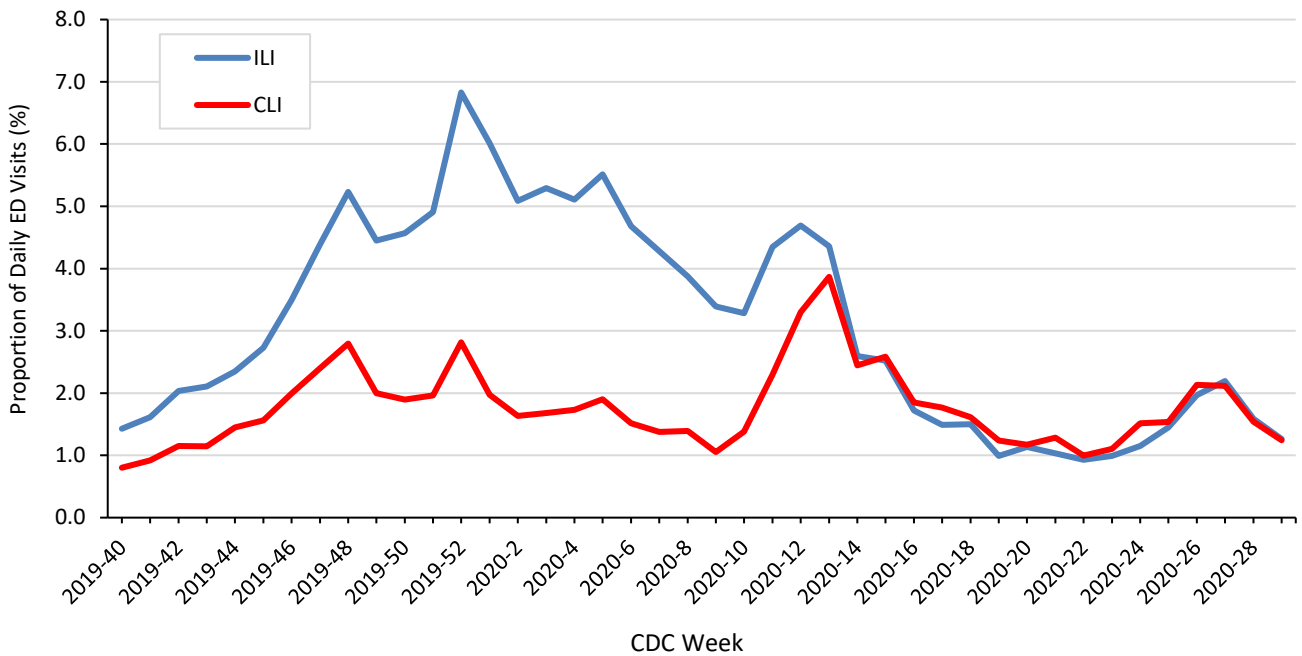
\*\* All data are preliminary and subject to change as cases continue to be received and investigated.

**Figure 8. Intensive care unit hospitalizations for influenza and COVID-19 by week of admission, Dallas County: September 2019 through week ending July 18, 2020 (CDC Week 29)\***



\* New ICU admissions of Dallas County residents reported with confirmed COVID-19 by molecular amplification detection testing as of 8:00 pm yesterday. Hospitalized patients with self-reported residence from outside of Dallas County are not included.  
 \*\* All data are preliminary and subject to change as cases continue to be received and investigated.

**Figure 9. Syndromic surveillance of emergency department visits for COVID-like illness (CLI)\* and Influenza-like illness (ILI)\*\*, Dallas County: September 29, 2019 – July 18, 2020**



ESSENCE Data is from 18 hospital emergency departments voluntarily reporting numbers of persons presenting with self-reported chief complaints.  
 \* CLI is defined as chief complaint of fever and cough or shortness of breath or difficulty breathing.  
 \*\*ILI is defined as chief complaint of fever and cough or sore throat or mention of influenza.



Table 8. Occupations of hospitalized patients with confirmed COVID-19, Dallas County, 3/10 – 7/6/20

Occupation	Hospitalized Cases (%) of Total Employed	
	Position	Sector
<b>Critical Infrastructure Workers*</b>		767 (80%)
Healthcare and Public Health		125 (13%)
	<i>Nurse, LVN, CNA</i>	19
	<i>Physician</i>	4
	<i>Other: Dentist, dietary, home health, medical assistant, mental health, PCT</i>	102
Transportation and Logistics		107 (11%)
	<i>Airline/Airport</i>	12
	<i>Parcel or postal delivery</i>	11
	<i>Cab/rideshare or bus driver</i>	19
	<i>Other: Mechanic, truck driver, freight, railroad</i>	65
Food and Agriculture		154 (16%)
	<i>Grocery</i>	30
	<i>Restaurant</i>	65
	<i>Other: Food processing, production, supply</i>	59
Other Community/Government Essential Functions		47 (5%)
	<i>Clergy (Pastor, priest)</i>	9
	<i>Education (Teacher, administration)</i>	13
	<i>Judicial system (Attorney)</i>	7
	<i>Other: Real estate services, shelter services, government operations</i>	18
Public Works and Infrastructure Support Services		114 (12%)
	<i>Construction/Contractor</i>	67
	<i>Other: Waste disposal, landscaping, maintenance</i>	47
Financial ( <i>Accounting, bank, insurance</i> )		40 (4%)
Communications and Information Technology		14 (1%)
Commercial Facilities ( <i>Building materials, painting, warehouse</i> )		55 (6%)
Hygiene Services ( <i>Custodian, housekeeping</i> )		42 (4%)
Law Enforcement, Public Safety, First Responders		24 (3%)
Critical Manufacturing ( <i>Manufacturing metal, packaging</i> )		33 (3%)
Energy/Utilities ( <i>Electricity, petroleum, gas</i> )		12 (1%)
<b>Non-Critical Infrastructure Workers (Includes retail, personal services)</b>		131 (14%)
<b>Employed (position not reported)</b>		57 (6%)
<b>Total reporting any employment</b>		<b>955</b>
<b>Non-Employed (Includes retired, child, homemaker, etc.)</b>		1076
<b>Student (≥18 years old)</b>		22
<b>Not reported</b>		1,169
<b>Total hospitalized</b>		<b>3,222</b>

\* Includes only residents of Dallas County with self-reported occupational information. All data is preliminary and subject to change.

\*\*CISA Advisory Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response, v3.1, May 19, 2020

[https://www.cisa.gov/sites/default/files/publications/Version\\_3.1\\_CISA\\_Guidance\\_on\\_Essential\\_Critical\\_Infrastructure\\_Workers.pdf](https://www.cisa.gov/sites/default/files/publications/Version_3.1_CISA_Guidance_on_Essential_Critical_Infrastructure_Workers.pdf).

**Table 9. Cumulative COVID-19 cases by city of residence within Dallas County as of July 24, 2020***(e.g. Does not include cases who reside in portions of cities which are not within Dallas County.)*

<b>City of Residence</b>	<b>Cases (N=44,746)</b>	<b>% of Total Cases</b>
Addison	165	0.4%
Balch Springs	494	1.1%
Carrollton	704	1.6%
Cedar Hill	726	1.6%
Cockrell Hill	107	0.2%
Combine	11	0.0%
Coppell	210	0.5%
Dallas	23,931	53.5%
DeSoto	892	2.0%
Duncanville	749	1.7%
Farmers Branch	416	0.9%
Ferris	2	0.0%
Garland	3,939	8.8%
Glenn Heights	101	0.2%
Grand Prairie	2,025	4.5%
Highland Park	41	0.1%
Hutchins	184	0.4%
Irving	3,677	8.2%
Lancaster	719	1.6%
Mesquite	2,564	5.7%
Ovilla	1	0.0%
Richardson	673	1.5%
Rowlett	489	1.1%
Sachse	95	0.2%
Seagoville	1,549	3.5%
Sunnyvale	76	0.2%
University Park	72	0.2%
Wilmer	130	0.3%
Wylie	4	0.0%

**CDC Priorities for COVID-19 Testing (rev. date: 5/3/20)**

(See CDC Guidance for Evaluating and Reporting Persons Under Investigation (PUI) at:  
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html> )

**High Priority**

- Hospitalized patients **with** symptoms
- Healthcare facility workers, workers in congregate living settings, and first responders **with** symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, **with** symptoms

**Priority**

- Persons **with** symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat.
- Persons **without** symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.

**Many Thanks to:**

Our area hospitals and healthcare providers for reporting lab-confirmed COVID-19 cases

Our DCHHS Case and Contact Investigations Team volunteers from:

Dallas County Medical Society

UT Southwestern Medical School

Texas A&M College of Medicine

UTHealth School of Public Health

Retired School Nurses

New COVID-19 cases are reported as a daily aggregate, with this cumulative summary updated Tuesdays and Fridays.

DCHHS COVID-19 Summaries and Case Report Form are accessible at:

<https://www.dallascounty.org/departments/dchhs/2019-novel-coronavirus.php>

**DCHHS Acute Communicable Disease Epidemiology Division: COVID-19@dallascounty.org**